

06/28/01

JC885 U.S. PTO

PTO/SB/50 (4/98)

Approved for use through 9/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL


Address to: Assistant Commissioner for Patents Box: Patent Application Washington, DC 20231	Attorney Docket No.	P56525RE
	First Named Inventor	KI-OOK PARK <i>et ali.</i>
	Original Patent Number	5,917,679
	Original Patent Issue Date (Month/Day/Year)	June 29, 1999
	Express Mail Label No.	

1. ☒ APPLICATION FOR REISSUE OF: (check applicable box) ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). -combined in Declaration
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Original U.S. patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)- -combined in Declaration
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (If applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (not executed) (37 C.F.R. §1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (If applicable)
6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) -combined in Declaration	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement -combined in Declaration	14. <input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) -combined in Declaration	

15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	008-439 (Insert Customer No. Or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below			
Name	ROBERT E. BUSHNELL and Law Firm				
Address	1522 K Street, N.W., Suite 300				
City	Washington	State	D.C.	Zip Code	20005-1202
Country	U.S.A.	Telephone	(202) 408-9040	Fax	(202) 289-7100


NAME (Print/Type)	Robert E. Bushnell	Registration No. (Attorney Agent)	27,774
Signature		Date	28 June 2001

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09/892790
06/28/01

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REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) P56525RE			
Claims as Filed - Part 1								
Claims in Patent	For	Number filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee		Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 51	**** 51 - 20 = 31	×\$ ____ =		or	×\$ <u>18.00</u> =	\$ <u>558.00</u>
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 5	* 5 - 3 = 2	×\$ ____ =			×\$ <u>80.00</u> =	\$ <u>16000</u>
Basic Fee (37 CFR 1.16(h))				\$ ____		OR		
Total Filing Fee				\$ ____				
Claims as Filed - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee		Rate
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	×\$ ____ =	or	×\$ ____ =	
Independent (37 CFR 1.16(i))	***	MINUS	*****	0	×\$ ____ =		×\$ ____ =	
Total Additional Fee					\$	OR		\$
<p>* If the entity in (D) is less than the entity in (C), Write "0" in column 3.</p> <p>* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>* After any cancellation of claims.</p> <p>*** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____. In the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The amount of \$ 1,428.00 will be paid later upon filing of an executed Declaration.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>28 June 2001 Date</p> </div> <div style="width: 50%; text-align: center;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p>Robert E. Bushnell _____ Typed or printed name</p> </div> </div>								

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: KI-OOK PARK *et al.*

Original Patent No. 5,917,679 issued on 29 June 1999

Serial No.: *to be assigned*

Examiner: *to be assigned*

Filed: 28 June 2001

Art Unit: *to be assigned*

For: PSEUDO CONTACT TYPE NEGATIVE PRESSURE AIR BEARING SLIDER

REQUEST FOR APPROVAL OF DRAWING CHANGE(S)

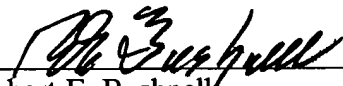
Assistant Commissioner
for Patents
Washington, D.C. 20231

Box: REISSUE

Sir:

Approval of the drawing changes to patented Figs. 4, 5, 6(a), 6(b), 7, 10, and 11 as shown in red in the accompanying drawings in the above-captioned reissue application is respectfully requested.

Respectfully submitted,


Robert E. Bushnell
Attorney for Applicant
Reg. No.: 27,774

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Area Code: 202-408-9040

Folio: P56525RE
Date: 28 June 2001
I.D.: REB/kf

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TRANSMITTAL OF DECLARATIONS


Assistant Commissioner
for Patents
Washington, D.C. 20231

Box: REISSUE

Sir:

This transmittal accompanies the unsigned Declaration and Power of Attorney for Reissue Application by Inventors and Assignee wherein Declaration as to Loss of Letters Patent is incorporated for the above-captioned reissue application. An executed Declaration will be submitted to the U.S. Patent & Trademark Office upon receipt of a serial number for the above-captioned application.

Respectfully submitted,


Robert E. Bushnell,
Attorney for the Applicant
Registration No.: 27,774

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